

For Total Quality and Excellence in Education



LITTLE BUD SCHOOL

Tyanglaphat, Kirtipur, Kathmandu
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CHILD PHOTO

ADMISSION FORM

1. Seeking admission for: D.C. P.G. Nursery L.K.G. U.K.G.

2. Name of the Child (Full name in blockletters):

3a. Date of Birth (BS):

3b. Date of Birth (AD):

4. Place of Birth:

5. Place of Origin:

6. Age in: Years Months

7. Gender: Male Female

8. Religion:

9. Nationality:

10. Mother Tongue:

11. Blood Group:

12. Ethnicity:

13. If other than 11 and 12 please specify:

14. Medical Details:

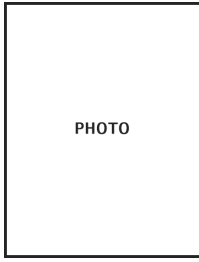
a. Allergies (if any):

b. Surgeries (if any):

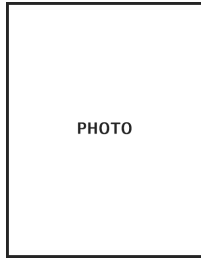
c. Chronic illness (if any):

d. Immunization Record: YES NO

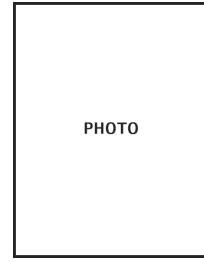
(Kindly attach a copy of the immunization record along with this form)



Child Father



Child Mother



Child Guardian

15. Father's Information:

- | | |
|----------------------|-------------------|
| a. Name: | b. Qualification: |
| c. Occupation: | d. Place of work: |
| e. Official address: | |
-

f. Email:	Tel:	Mobile:
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16. Mother's Information:

- | | |
|----------------------|-------------------|
| a. Name: | b. Qualification: |
| c. Occupation: | d. Place of work: |
| e. Official address: | |
-

f. Email:	Tel:	Mobile:
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17. Responsible Guardian's Information:

- | | |
|----------------------|-------------------|
| a. Name: | b. Qualification: |
| c. Occupation: | d. Place of work: |
| e. Official address: | |
-

f. Email:	Tel:	Mobile:
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18. Residential Address

19. Residential phone no.:

18. If the child (applicant) has attended school/day care previously: YES NO
(If yes kindly fill in the below details:)

- a. Name of the school/day care: b. Duration:
- c. Class attended:

20. Emergency Contact Details:

(The detail will be used during emergency when both parents are not available)

- a. Address:
- b. Phone No.: Relationship with the Child.:
- c. Phone No.: Relationship with the Child.:

21. CHECKLIST

a. Birth Certificate *	YES	NO
b. Immunization record *	YES	NO
c. Transfer Certificate (If any)**	YES	NO
d. 4 copies passport photos of the Child*	YES	NO
e. Progress report (if any)**	YES	NO
e. Passport (for foreign student)*	YES	NO
f. Any other medical report*	YES	NO

Note: *Submit Photocopy **Submit Original

FOR OFFICIAL USE

Remarks

Date:

Signature:

DECLARATION BY PARENT/GUARDIAN

I Parent/Guardian of

do hereby understand and accept the following fully:

- a. I certify that the above information is correct and affirm that I will abide by the rules and the regulation set by the school.
- b. In case of any accidents or illness, the school authorities may take the child to the hospital/nursing home as per the condition of the child but the parents are responsible for the charge of treatment.
- c. I will not hold the school authorities responsible for injuries or any other siver injuries of my ward by events that are accidental in nature.
- d. The above detials are true to the best of my knowledge and I agree to abide by the rules and regulations of the school. I assure you of my full co-operation at all time.

Date:

Signature:

Submit Clear Print